without any clinical evidence of active tuberculosis. The total cellular immunity of HIV-positive individuals with latent tuberculosis co-infection wasn't impaired, while the specific immune response to MTB in them was significantly increased. Either the total cellular immunity or the specific immune response to MTB in those with active tuberculosis co-infection was seriously destructed.

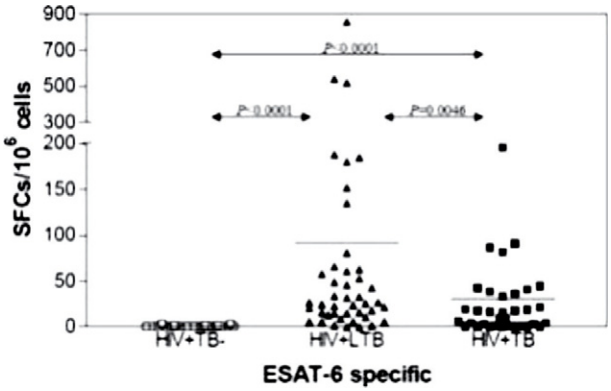

Fig. 1. The ESAT-6 specific spot-forming cells of T SPOT-TB assay in different population groups. Group HIV+TB-: patients with HIV infection only, no MTB co-infection, n = 22; Group HIV+LTB: patients with HIV infection and latent tuberculosis co-infection, n = 46; Group HIV+TB: patients with HIV infection and active tuberculosis co-infection, n = 32. SFCs: spot-forming cells. The short transverse line represents mean of SFCs in different population groups. HIV+TB-: 0 SFCs/10^6 PBMC; HIV+LTB: 92 SFCs/10^6 PBMC; HIV+TB: 31 SFCs/10^6 PBMC.

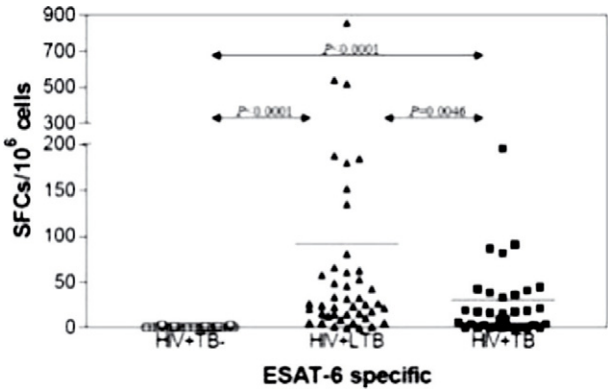

Fig. 2. The CFP-10 specific spot-forming cells of T SPOT-TB assay in different population groups. Group HIV+TB-: patients with HIV infection only, no MTB co-infection, n = 22; Group HIV+LTB: patients with HIV infection and latent tuberculosis co-infection, n = 46; Group HIV+TB: patients with HIV infection and active tuberculosis co-infection, n = 32. SFCs: spot-forming cells. The short transverse line represents mean of SFCs in different population groups. HIV+TB-: 1 SFCs/10^6 PBMC; HIV+LTB: 109 SFCs/10^6 PBMC; HIV+TB: 82 SFCs/10^6 PBMC.

Poster Presentation – Hepatitis B

PP-004 Hepatitis B prevention for nurses

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Hepatitis B virus infection is a major global public health problem but it is preventable with safe and effective vaccine which has available for decade. This risk of acquisition of infection appears to be great in health care workers, especially in nurses and particularly during training, when exposure is maximal. The experience of an exposure to blood or body fluids during the final two years of study is high. Nurses have an important role in disease control. It is recommended that greater awareness is needed in society about the ways of transmission of hepatitis B infection and preventive measures should be improved. An increase in awareness of the population of the risks of HBV infection and of potential preventive measures will definitely improve the control of HBV infection nationwide and will eventually decrease the associated health care costs.

PP-005 Attaching importance to the management of chronic HBV carriers

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Background: Almost 130 million Chinese people are chronically infected with HBV. We need to pay more attention to the chronic hepatitis B carriers in order to administer them very well. So we study the influence factors on liver inflammation and fibrosis through the clinical examination and liver biopsy.
Methods: Ultrasound guided needle biopsies were collected from 158 chronic hepatitis B carriers. Chi square test was used for statistics analysis.
Results: The average age of the 158 chronic hepatitis B carriers is 31.7 ± 9.12 years old. 36 cases (22.8%) are $G \geqslant 2$; 35 cases (22.2%) are $S \geqslant 2$, 5 cases are G3 (among them 4 cases are S3, and 1 case is S4), 9 cases are S3, and one is S4. 49 cases (31%) need treatments. There are significant differences on liver fibrosis in gender, age and HBeAg. Among the chronic hepatitis B carriers, the degree of liver fibrosis is more severe in that who is male ($\chi^2 = 4.17$, $P < 0.05$). Though the $G \geqslant 2$ percentage of male exceed female, there have no statistic difference ($\chi^2 = 3.26$, $P < 0.05$). The carriers who are older than 30 years are more severe than who are no more than 30 years ($\chi^2 = 5.02$, $P < 0.05$). The carriers who are HBeAg negative are more severe than those who areHBeAg positive on fibrosis (HBV DNA is positive) ($\chi^2 = 4.52$, $P < 0.05$). There has no significant difference on liver inflammation.
Conclusions: People consider that the chronic hepatitis B carriers with normal ALT need not to be treated traditionally. But we found that some carriers would develop into cirrhosis and/or HCC. The state of illness aggravates silently. So we can't judge the illness by liver function test, we should depend on the whole individually. There are nearly 1/3 carriers with obvious inflammation and/or fibrosis, especially people who is male, older than 30 years or whose HBeAg is negative (HBV DNA is positive), the degree of fibrosis is more severe. So we should pay more attention to them, enhance the management, and treat them with anti-virus and anti-fibrosis therapy at necessary in order to decrease the possibility of progressing to end-stage liver diseases.